

<i>SERFF Tracking Number:</i>	<i>NWST-125722786</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Northwestern Long-Term Care Insurance Company</i>	<i>State Tracking Number:</i>	<i>39540</i>
<i>Company Tracking Number:</i>	<i>90-2349 LTC (1008)</i>		
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>90-2349 LTC (1008)</i>		
<i>Project Name/Number:</i>	<i>90-2349 LTC (1008)/90-2349 LTC (1008)</i>		

## Filing at a Glance

Company: Northwestern Long-Term Care Insurance Company

Product Name: 90-2349 LTC (1008)

TOI: LTC03I Individual Long Term Care

Sub-TOI: LTC03I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: NWST-125722786 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: 90-2349 LTC (1008)

Co Status:

Authors: Jason Gross, Tiffiney Durham

Date Submitted: 07/07/2008

State Tr Num: 39540

State Status: Filed-Closed

Reviewer(s): Harris Shearer

Disposition Date: 07/25/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: 90-2349 LTC (1008)

Project Number: 90-2349 LTC (1008)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 07/25/2008

State Status Changed: 07/25/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

We are submitting the form 90-2349 LTC (0108) for your review and, if necessary, your approval, as advertising material for the Long Term Care Policy and related forms which have been approved in your state.

These forms will be used with previously approved Sales Illustrations that our agents will use to illustrate the RS Long Term Care product which has been previously approved by your state. The information on the enclosed form will change depending on the proposed insured and what the proposed insured would choose for benefits.

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If you should have any questions regarding the enclosed forms, you may call me at (414) 665-4549 or you can e-mail me at [jasongross@northwesternmutual.com](mailto:jasongross@northwesternmutual.com). On e-mails that are sent, please copy Tiffiney Durham at [tiffineydurham@northwesternmutual.com](mailto:tiffineydurham@northwesternmutual.com).

Sincerely,

Jason Gross  
Product Compliance Specialist

## Company and Contact

### Filing Contact Information

Jason Gross, Product Compliance Specialist	<a href="mailto:jasongross@northwesternmutual.com">jasongross@northwesternmutual.com</a>
720 E. Wisconsin Ave.	(414) 665-4549 [Phone]
Milwaukee, WI 53202	(414) 665-5006[FAX]

### Filing Company Information

Northwestern Long-Term Care Insurance Company	CoCode: 69000	State of Domicile: Wisconsin
720 East Wisconsin Avenue	Group Code: 860	Company Type: Long Term Care
Rm S845		
Milwaukee, WI 53202	Group Name:	State ID Number:
(414) 665-4224 ext. [Phone]	FEIN Number: 36-2258318	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	Filing Fee for Arkansas \$25.00 per form
Per Company:	No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Northwestern Long-Term Care Insurance Company	\$25.00	07/07/2008	21270832

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/25/2008	07/25/2008

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## Disposition

Disposition Date: 07/25/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: NWST-125722786 State: Arkansas  
Filing Company: Northwestern Long-Term Care Insurance State Tracking Number: 39540  
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Item Type	Item Name	Item Status	Public Access
Form	Cost Benefit Analysis	Filed-Closed	Yes

SERFF Tracking Number:	NWST-125722786	State:	Arkansas
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## Form Schedule

Lead Form Number: 90-2349 LTC (1008)							
Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	90-2349 LTC (1008)	Advertising Cost	Benefit Analysis Initial			0	STD 90-2349 LTC (1008).pdf



# Cost Benefit Analysis

QuietCare®

[For Norm Weston, Age 56, Male]

Maximum Daily Limit (Nursing Home Care): [\$100]

State of Execution: [Wisconsin]

Beginning Date: [91st Day]

Home Health Care: [100%]

Indexing Option: [Automatic Benefit Increase @ 5%]

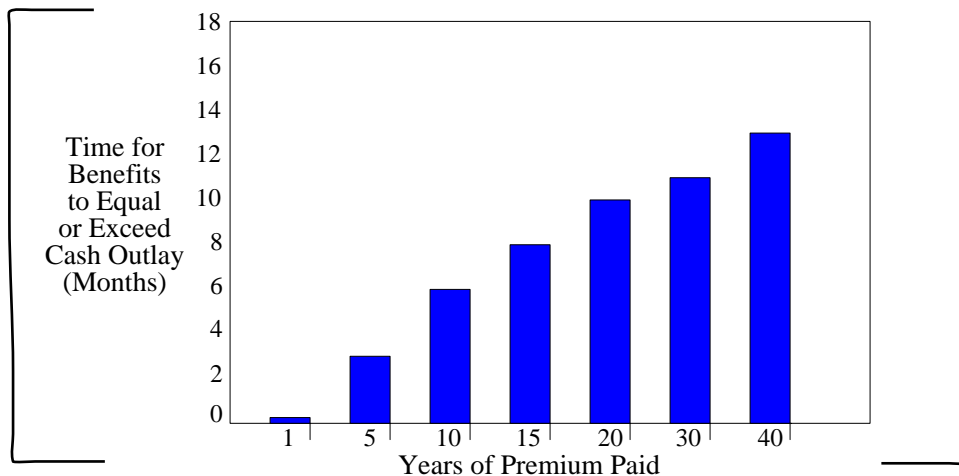
Benefit Period: [Lifetime]

Other Options: [None]

Discounts: Spousal, MultiLife\*

The purpose of this page is to illustrate an example of how long in months and days your policy would have to pay you benefits to equal or exceed the total premium that was paid at a certain point in the life of this policy. For purposes of illustration the Cumulative Cash Outlay is credited with a 6% interest rate to reflect the time value of money (a dollar today has more value than a dollar in the future).

Years of Premiums Paid	Age	Cumulative Cash Outlay #	Maximum Daily Limit at time of claim	Time for Benefits to Equal or Exceed Cash Outlay # +
1	56	\$2,567.00	\$100	26 days
5	60	\$14,282.09	\$122	3 months 17 days
10	65	\$31,592.51	\$155	6 months 24 days
15	70	\$52,587.19	\$198	8 months 26 days
20	75	\$79,329.91	\$252	10 months 15 days
30	80	\$115,117.68	\$322	11 months 28 days
40	85	\$161,420.97	\$412	13 months 2 days



#Cash outlay equals premiums less illustrated dividends. See Cash Outlay pages for details. Illustrated dividends reflect current (2007 scale) claim, expense and investment experience. They are not estimates or a guarantee of future results. Any such dividends are declared annually by the Company in its discretion and are subject to change. These numbers are based on the assumption that non-guaranteed dividends currently illustrated will continue unchanged under the assumed scale for all years shown. This is not likely to occur and actual dividends may be larger or smaller than illustrated, and may be zero as a result of changes in the dividend scale. Any dividends will be used to reduce future premiums, or if not so used will be paid upon the death of the insured or termination due to exhaustion of benefits or surrender or cancellation of the policy.

+Assumes a full use of the Maximum Daily Limit. Assumes 30 days in a month. Does not reflect indexing or interest while on claim.

\*Premiums reflect a 15% Spousal Discount and a 5% MultiLife Discount. If the group's minimum participant requirement is not met, the 5% Discount will be removed on the next policy.

The purpose of this material is for the marketing and solicitation of insurance. For illustration purposes only. The final premium for the coverage requested is subject to underwriting limits and approval. The amount of benefits provided depends on the benefits that are selected. The premium varies with the amount of benefits selected. The policy provides guaranteed renewable coverage and will remain in force as long as premiums are paid. The Company has never raised its rates for any long-term care insurance policy sold in this state or any other state. However, the Company retains the right to change premiums by class.

Policy forms RS.LTC.(0708) and RS.LTC.ML.(0708) contains exclusions and limitations. Form RS.LTC.ML.(0708) is only available in New Jersey, New York and Pennsylvania.

Presented By: Norm P. Weston Jr., CLU, ChFC, Financial Rep.

mm/dd/year

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90-2349 LTC (1008)

Illustration No. WI0000-00000-000000

**Northwestern Long Term Care Insurance Company, a subsidiary of The Northwestern Mutual Life Insurance Company, Milwaukee, WI**



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## Rate Information

Rate data does NOT apply to filing.